

# First Steps Database (FSDB) Definitions

The FSDB summarizes detailed information from its data sources to create groupings and categories that result in meaningful analysis. These definitions change over time as client characteristics change and as the program continues to evolve. These definitions are specific to reports from the First Steps Database, and may differ from definitions in reports from other sources.

## Medicaid Eligibility:

### Medicaid

Medicaid women received Medicaid-paid prenatal care and/or delivery services or were enrolled in a Medicaid managed care plan for at least 3 of the last 6 months before delivery. FSDB uses three major Medicaid subgroups, determined by eligibility at the time of delivery: TANF/AFDC, S Women Citizens, and Non-Citizens. In addition to these major groups, a small number of Medicaid women are eligible through other Medicaid programs, or receive services with eligibility type unknown.

### TANF/AFDC

Women on TANF (after June 30, 1997) or AFDC (prior to July 1, 1997) received cash grants in addition to medical coverage (program C or E). They generally have family incomes lower than 50% of the Federal Poverty Level.

### S Women Citizens

S Women citizens are Medicaid-eligible solely because of pregnancy (program S, excluding non-citizens). They have incomes at or below 185% of the Federal Poverty Level.

### Non-Citizens

Non-Citizen women have incomes at or below 185% of the Federal Poverty Level, are Medicaid-eligible solely because of pregnancy, and meet one of the following criteria:

- are not legally admitted for permanent residence;
- lack temporary residence status;

- are not lawfully present in the United States according to the provisions of the Immigration Act; or
- are lawful non-citizen permanent residents.

Qualified aliens who have resided in the U.S. for 5 years or more are eligible for regular Medicaid coverage, if otherwise eligible, and are not included in this category.

## **Reimbursement and Receipt of Services:**

**Fee-for-Service** Fee-for-Service (FFS) coverage reimburses providers for specific Medicaid services provided to clients as itemized on claims. Fee-for-Service women are defined as Medicaid cases that did not have a Delivery Case Rate charge or a capitation charge during the month of delivery.

**Managed Care** Managed Care is a medical care delivery system provided either through a contracted managed care organization or primary care case management provider. Washington's Medicaid-funded managed care programs are known as Healthy Options and Basic Health Plus. Medicaid managed care clients were identified by a Delivery Case Rate charge or a capitation charge during the month of delivery.

**Healthy Options** Healthy Options (HO) is MAA's managed care health program for Medicaid eligible clients. Healthy Options and Basic Health Plus clients were differentiated by plan provider number.

**Basic Health Plus** Basic Health Plus (BHP) refers to a program jointly managed by the Health Care Authority and MAA for Basic Health enrollees who are eligible for Medicaid (notably children and pregnant women). This allows family members to remain together in the same managed health care plan. Healthy Options and Basic Health Plus clients were differentiated by plan provider number.

**MSS** MSS refers to Maternity Support Services visits up to two months postpartum.

**CM** CM refers to Maternity Case Management (before October 2003) or Infant Case Management (after October 2003) visits up to one year postpartum.

**Maternal Characteristics:**

**Race/Ethnicity** As of 2003, women may indicate one or more racial affiliations on the birth certificate. In addition, women indicate whether they are of Hispanic origin (Spanish/Hispanic/Latina). FSDB creates a single race/ethnicity category from this information. Any woman with Hispanic ethnicity is designated 'Hispanic.' Any non-Hispanic woman with more than one race indicated is categorized as 'More Than One Race.' Non-Hispanic women with a single race indicated are categorized by that race.

**Infant Characteristics:**

**Low Birth Weight**      Less than 2500 grams at birth. This measure is typically reported for singleton live births. This allows comparisons that do not include multiple births, which are more likely to result in low birth weight babies.

**Very Low Birth Weight**      Less than 1500 grams at birth.